

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044699  
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 118

DO NOT WRITE  
ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>MADISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>FREDERICKTOWN</b>		c. CITY OR TOWN <b>FREDERICKTOWN</b>	
Length of stay in 1b <b>8 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MADISON MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>RURAL ROUTE 1</b>	
3. NAME OF DECEASED (Type or print) First <b>HESMON</b> Middle <b>COPELAND</b> Last <b>COPELAND</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-20-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MADISON CO., MO.</b>	
13a. FATHER'S NAME <b>Nicholas COPELAND</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HUFF</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>LILLY COPELAND, FREDERICKTOWN, MO.</b>	
17. INFORMANT <b>Lilly COPELAND</b>		Address <b>Rural Route 1, FREDERICKTOWN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Squamous cell carcinoma of glands with metastasis</b> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:33</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>FREDERICKTOWN, MO.</b>
21. I attended the deceased from <b>Sept 14, '63</b> to <b>Nov 21, '63</b> and last saw him alive on <b>Nov 21, '63</b> Death occurred at <b>11:33</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles Michaelis MD</b>	
22b. ADDRESS <b>Frederic Klown, Missouri</b>		22c. DATE SIGNED <b>Nov. 22, '63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-24-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MARCUS MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>MADISON COUNTY MISSOURI</b>
24. FUNERAL DIRECTOR <b>SAM NAJIM, JR., FREDERICKTOWN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-1963</b>	26. REGISTRAR'S SIGNATURE <b>Florence Nicker</b>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Robert L. Seabough Student Embalmer No. 702  
working under my personal supervision.

Student Robert L. Seabough Signed Sam Sajim, Jr.  
Signature of Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.